

**MEDICATION ORDERS**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Pt ID #: \_\_\_\_\_

Male ☐ Female ☐**Snohomish Health District  
Tuberculosis Control****MEDICAL ALLERGIES:****MEDICAL CONDITIONS:****WEIGHT:** \_\_\_\_\_ LB    KG**OTHER MEDICATIONS:**☐ **Isoniazid**        \_\_\_\_\_mg po QD**Rifampin**        \_\_\_\_\_mg po QD**Pyrazinamide**    \_\_\_\_\_mg po QD**Ethambutol**     \_\_\_\_\_mg po QD**Pyridoxine**      \_\_\_\_\_mg po QD**Administer in a single daily dose, Monday-Friday under direct observation for \_\_\_\_\_ doses**☐ **Rifamate (INH 150 mg/RIF 300 mg) \_\_\_\_\_caps may be used to provide INH/RIF component of regimen**☐ **To complete isoniazid dose, add Isoniazid\_\_\_\_\_mg per dose to Rifamate capsules**☐ **Other**\_\_\_\_\_  
Signature